

ADDENDUM to IPC INSTRUCTIONS

LT-104

1. The new LT-104 form (revised 5/2010) posted on the website shall be used for ICF/ID Level of Care determination for Adult DD, Child DD, and ABI Waiver eligibility and by the state ICF/ID, which is the Wyoming Life Resource Center (WLRC).
2. For individuals on the waiver or applying to be on a waiver, the case manager shall complete the screening and submit it to the Division to make the final determination of Level of Care.
3. The program applicable to the participant shall be marked in the top right hand corner.
4. The participant's physical address must be complete, including city and zip code.
5. The participant's Medicaid ID number must be listed. New applicants may not have one.
6. The current diagnosis for the participant must be completed.
7. The appropriate box shall be marked whether the person's eligible diagnosis, or possible diagnosis, is mental retardation, developmental disability, a related condition similar to mental retardation, or an acquired brain injury. *The individual must have a diagnosis eligible for the waiver.* For new applicants, a possible eligible diagnosis may be checked. This diagnosis will be verified as the eligibility process is completed.
8. The screening date is the date the form is completed. This must be less than 365 days from the screening date on the last form.
9. The plan of care date is the date the upcoming plan will start.
10. The pending plan of care date, when applicable, is for new applicants who have received a funding letter for the waiver from the Division. If it does not apply to the participant, mark N/A.
11. The ICF/MR admit date should be marked N/A. *(Only the WLRC would mark an admit date here).*
12. The name of the case manager screening the individual shall be listed.
13. The county of the participant's physical address must be identified.
14. To be eligible for the waiver, the individual shall be screened to assess if s/he meets at least one criterion in either column 1 or 2, and at least one criterion in column 3 for eligibility.
15. If the individual meets at least one criterion in either column 1 or 2, and at least one criterion in column 3 and has an eligible diagnosis, mark the "yes" box that indicates the individual has the need for the provision of waiver services monthly to develop skills necessary for maximum independence and/or the prevention of regression or loss of current skills/abilities and meets ICF/ID Level of Care.

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16. The case manager shall mark “yes” if the individual meets the eligibility criteria for the waiver marked on this form. *DFS needs this information to determine financial eligibility, Wyoming residency, and U.S. citizenship for the specified waiver.*
17. The case manager must sign the form (name must be legible) and provide a telephone number for DFS to contact if needed.
18. The Division staff shall determine if the individual is approved for ICF/ID Level of Care based upon the information submitted by marking “yes” or “no”, and signing and dating the form. *New applicants will be required to complete a psychological evaluation (neuropsychological evaluation for the ABI waiver) and an ICAP to complete the Level of Care determination.*
19. A new LT-104 form must be submitted to the Division and DFS annually and for every change of residence, case manager organization, or Waiver. Annual submission of the form is required, even if there is no change.
20. **For an initial plan of care**, DFS should receive this form along with a copy of the funding letter as soon as possible so financial eligibility can be determined and DFS can correctly code the participant on the correct Waiver. DFS will review the case for financial eligibility and send a pending letter to the Participant and case manager.
21. For individuals at the ICF/ID, the ICF/ID Coordinator shall complete the form. An individual residing at the ICF/ID shall also meet the need for Active Treatment as defined in 42 CFR 483.440 as needed for institutional care.

Pre-Approval Form (new forms available with automated calculations)

1. All Waiver Services must be prior-authorized by the Division. The Pre-approval form must be completed with the waiver services requested for the plan year. For services that are delivered in the traditional way, only certified providers can be listed on the form. If a participant is self-directing services, the employer of record will ensure that the provider meets the qualifications to provide the service.
2. In completing the Pre-approval form, the case manager shall:
 - a. Complete all spaces indicated on the form.
 - b. Use NPI numbers for all providers who have them.
 - c. Use the current Individualized Budgeted Amount (IBA). If not known, call the Participant Support Specialist for the IBA.
 - d. Assure that all information is accurate and complete.
 - e. Do not leave any item blank.
 - f. Calculate the rates multiplied by the units to get the service line total.
 - i. In the Excel preapproval form, the rates will be calculated automatically. Entering the number of units and the rate for the service will automatically calculate the total used. The Excel version will indicate, next to the “Total” amount, if the IBA has been surpassed and by how much.
 - ii. In the MS Word version that calculates, right-click and choose “update field” to see the total.
 - g. Double check all money totals on the form.
 - h. Assure all signature lines are signed and dated.
3. If a participant is self-directing, indicate the services in the “Proposed Services under Self-Direction” section.

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- a. In the Excel form, there are drop-down lists of services that can be Self-Directed (eight total) in this section. Enter the amount proposed to self-direct through Fiscal Employer Agent to ensure this amount is calculated in the overall Total.
- b. In the MS Word version, list the names of the services that plan on being Self-Directed through Public Partnerships, LLC and the approximate amount that will be Self-Directed.
4. In Excel, check either the box next to “Annual Plan” or “Modification of Approved Plan”, as applicable. In MS Word versions, mark “modification” if applicable.
5. If a child will age out of the Child DD Waiver during the plan year, the IBA and units must be calculated to reflect the correct number of days in service up to the end of the month of his/her 21st birthday.
 - a. When a child transitions onto the Adult DD Waiver at the end of the month of his/her 21st birthday, case management shall be billed to the Child’s DD Waiver for the birth month, unless otherwise approved.
6. Any request for units over the approved limit must be submitted in writing with reasons given. The Division will review and notify the case manager of the decision.
7. Assure service rates are correct for the appropriate waiver. Use appropriate modifiers for tiered supervision levels and correct modifiers for groups, when appropriate.

Services Available page

1. The services selected on this page must match the services listed on the Pre-approval Form. Some services are available only to specific Waivers, such as Cognitive Retraining is ABI only, Companion Services is for Adult, ABI, and Child ages 18 through 20.
2. Identify Non-Waiver Services by marking the appropriate box, and listing any additional non-waiver services under “other”.

Habilitation Services

1. All habilitation services require an objective service form and a schedule. Use the “Habilitation Service Form” for Residential Habilitation, Day Habilitation, Residential Habilitation Training, or Special Family Habilitation Home.
2. Use other service forms for Supported Living, Employment Services, or Child Habilitation Services.
3. Refer to the “Objectives” and “Schedules” sections of the IPC instructions for details on completing the necessary requirements.

Child Habilitation Form

1. A service form should be completed marking the correct service code. Mark the service code that is applicable to the child’s current age.
2. List the units needed and the provider of the service. Describe the general time allocation of this service and give a general description of activities.
3. Refer to the “Objectives” and “Schedules” sections of the IPC Instructions for details on completing the necessary requirements.
4. The rate for children through age 12, does not include the basic cost of childcare unrelated to a child’s disability that may be needed by parents or regular caregivers. It is the

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responsibility of the provider to collect the basic cost of child care from the parent or caregiver.

5. It is the responsibility of the provider to meet day care licensing requirements as outlined by the Department of Family Services.

Companion Services Form

1. A service form should be completed mark the correct service code. List the units needed and the provider of the service. Give a general description of the activities during the services, types of locations it may be provided in (person's home, community, volunteer sites, etc). Describe the informal training that will be provided during the service. There is NO requirement of a formal objective.
2. The provision of Companion services does not entail hands-on nursing care, but does include Personal Care assistance with activities of daily living as needed during the provision of services.
3. It is a 15-minute unit and is available as a 1:1 service or a group rate. With the group rate, providers can provide Companion services for up to three participants at the same time.
4. This service is available to participants ages 18 and up. Companion Services provided to participants ages 18 through 21 may not duplicate or replace services that are covered under IDEA and cannot be provided during school hours.
5. If the participant lives with a family member or caregiver, the Circle of Support is optional. A **Circle of Support** must be developed for all participants who live independently with monitoring or support and receive Supported Living services.
6. On the Supported Living service form or Personal Care service form, include the following helpful information as determined by the team to be important contact information for the participant:
 - a. Situations: List items such as housing issues, plumbing problems, uninvited visitors, witness to illegal activity, providers not showing up, taxi or city transit needs, medication problems, food shortage, mental health, social gatherings (bowling, church, bingo, etc), medical appointment help, emergency assistance (police, fire, ambulance), poison control, etc.

NOTE: Each person has a tendency to have different support needs, fears, or people they need to be able to access in order to live independently. Address the main situations pertinent to the participant.
 - b. Contact person: List the specific person's name and title whom they can contact. These people may be family members, neighbors, providers, landlords, natural supports, community members or agencies, or local emergency agencies.
 - c. Phone number: List the phone number for the contact person and remember to update the number if they change.

NOTE: The contact persons should know they are on the person's contact list, unless they are a general community business or emergency assistance. The participant needs to be trained on using the Circle of Support and it shall be posted in a convenient and visible area in the home.

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Employment Service Form

1. The form is required only if the participant is requesting either group Supported Employment or individual community integrated employment services from the waiver.
2. Fill in the required information regarding the participant's name, mark the box for the appropriate service needed, and the provider's name and units allotted.
3. Fill out the employment objective portion of the page in accordance to the expectations in the "Objectives" section of the IPC Instructions. Objectives must identify the supports needed for the participant to keep his/her job or locate a job.
4. Waiver Supported Employment also requires a schedule, per IPC Instructions.
5. The team and all providers acknowledge that Supported Employment cannot be used during normal school hours for participants ages 18 through 20.
6. The case manager is required to have documentation in the participant's file that employment was discussed at the IEP.

Homemaker Form

1. A service form should be completed, explaining the general allocation of units and a general description of Services.
2. A schedule must accompany the service form.

Personal Care Form

1. A service form should be completed, explaining the general allocation of units, provider(s) responsible, and a general description of services. Units shall be based on individual need with a maximum of 7280 units of Personal Care in a plan year, unless more are approved by the Division due to extraordinary circumstances. **PERSONAL CARE MUST BE PROVIDED IN THE PERSON'S HOME OR ON THEIR PROPERTY AND CANNOT INCLUDE TRANSPORTATION.**
2. Personal Care includes tasks that need to be accomplished for a participant through hands-on assistance (actually performing a task for the person) or cuing/prompting the participant to perform a task. Personal Care services may be provided on an episodic or on a continuing basis and do not have to have a teaching or training component.
3. Personal Care can include Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).
 - a. ADLs include bathing, dressing, toileting, transferring, positioning, maintaining continence, personal hygiene tasks, eating, etc.
 - b. IADLs include more complex life activities, such as light housework, laundry, meal preparation, exclusive of the cost of the meal, using the telephone, medication and money management.
4. If the participant lives with a family member or caregiver, the Circle of Support is optional. A **Circle of Support** must be developed for all participants who live independently with monitoring or support and receive Supported Living services.
5. On the Supported Living service form or Personal Care service form, include the following helpful information as determined by the team to be important contact information for the participant:
 - a. Situations: List items such as housing issues, plumbing problems, uninvited visitors, witness to illegal activity, providers not showing up, taxi or city transit needs,

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medication problems, food shortage, mental health, social gatherings (bowling, church, bingo, etc), medical appointment help, emergency assistance (police, fire, ambulance), poison control, etc.

NOTE: Each person has a tendency to have different support needs, fears, or people they need to be able to access in order to live independently. Address the main situations pertinent to the participant.

- b. Contact person: List the specific person's name and title whom they can contact. These people may be family members, neighbors, providers, landlord, natural supports, community members or agencies, or local emergency agencies.
- c. Phone number: List the phone number for the contact person and remember to update the number if they change.

NOTE: The contact persons should know they are on the person's contact list, unless they are a general community business or emergency assistance. The participant needs to be trained on using the Circle of Support and it shall be posted in a convenient and visible area in the home.

- 6. Services, then the need for more than one service provider must be clearly identified on both service forms. The Division shall review the arrangement before a pre-approval is signed.
- 7. A schedule must accompany the Service form.

Respite Service Form

- 1. Respite is intended to give short-term relief for the primary caregiver and is not intended to be used when the primary caregiver is at work or during regular hours of the local school district if the participant is under 21.
- 2. On all waivers, the cap is units per plan year if living with family is 7280 units and 2500 units if living in residential services with a non-CARF accredited provider. Unit requests exceeding the cap shall be requested through ECC.
- 3. Respite can only be provided to two participants at the same time unless a participant's plan of care requires 1:1 support. Providers cannot provide respite services to children and adults at the same time, unless approved in advance by the DD Division.
- 4. A Service form should be completed, explaining the general allocation of units and a general description of services.

Subsequent Assessment

- 1. A subsequent assessment form must be submitted prior to scheduling the assessment.

Unpaid Caregiver Training – participant must be utilizing Public Partnerships, LLC (PPL)

- 1. Complete the Service Form.
- 2. The limit is \$2000 per plan year unless the training addresses critical health or welfare needs.
- 3. This service cannot pay for costs of travel, meals, and overnight lodging.
- 4. Once the request has been approved by the Division, PPL will be notified. They will then notify the case manager that the training can be scheduled.

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Individually Directed Goods and Services – participant must be utilizing PPL

1. Complete the Service Form.
2. This service could be used for:
 - a. Specialized Equipment
 - b. Devices, aids, controls, supplies, or household appliances which enable individuals to increase the ability to perform activities of daily
 - c. Transportation provided by family members (excluding parents, step-parents, guardians, or spouses per Wyoming State Statute), friends, and other licensed drivers, ~~for~~ using non-agency vehicles to transport the person to and from services and activities as specified in the person's Individual Plan of Care, unless the service includes transportation. The unit of service is one mile.
 - Home modifications - that do not meet the requirements of Chapter 44
 - Camps – Must identify how the service would provide direct benefit to the participant and support outcomes in the plan of care
 - Consultation, evaluation and training, and/or a written document
3. The limit is \$2000 per plan year unless the request addresses:
 - Unmet needs because of aging out of school
 - Documented unavailability of vocational rehabilitation services
 - Increasing health concerns that require more services
 - Increasing behavioral concerns that require more intervention
 - Health needs of unpaid caregivers who cannot continue the historical level of support.
4. Once the request has been approved by the Division, PPL will be notified. The Division will then notify the case manager that the goods or services can be purchased.